

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	239200US2	
	First Inventor or Application Identifier	Miwa OKUMURA	
	Title	X-RAY CT APPARATUS	

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>  2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Sheets <span style="border: 1px solid black; padding: 0 10px;">27</span></span>  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">Total Sheets <span style="border: 1px solid black; padding: 0 10px;">14</span></span>  4. <input type="checkbox"/> Oath or Declaration <span style="float: right;">Total Pages <span style="border: 1px solid black; padding: 0 10px;"></span></span> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> ) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission ( <i>if applicable, all necessary</i> ) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b>  7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> ) 11. <input checked="" type="checkbox"/> Information Disclosure <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations (1)</span> Statement (IDS)/PTO-1449 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)(i) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Request for Priority

22581 U.S. PTO  
 10/724074  
 1205103

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application no.:
Prior application information:		Examiner:	Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

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Name: Katherine D. Pauley	Registration No.: 50,607

Docket No. 239200US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Miwa OKUMURA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: X-RAY CT APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	21 - 20 =	1	x \$18 =	\$18.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$86 =	\$86.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$1,004.00
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 12/1/03

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